

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Non-Preferred Minocyclines

Override(s)	Approval Duration
Prior Authorization	3 months

Medications
Solodyn tablets (minocycline HCl, extended-release)
minocycline HCl, extended-release tablets (generic Solodyn)
Minocin capsules (minocycline)
Minolira tablets (minocycline HCl, extended-release)
Ximino capsules (minocycline HCl, extended-release)
minocycline HCl, extended-release capsules (generic Ximino)

### APPROVAL CRITERIA

Requests for brand Minocin for the treatment of acne may be approved for the following:

- I. Individual is 8 years of age or older;

#### **AND**

- II. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to:
  - A. One generic immediate release minocycline agent; **AND**
  - B. One generic immediate-release doxycycline agent;

#### **OR**

- III. Individual has an intolerance or contraindication to either generic immediate release minocycline or doxycycline AND has had a prior trial and inadequate response to oral tetracycline in its place.

Note: Individuals requesting brand Minocin for non-acne related indications are not subject to the age criteria or step therapy, and these requests may be approved. However individuals should be encouraged to use available generic immediate-release minocycline agents.

Requests for a generic extended-release minocycline agent (generic Solodyn, generic Ximino) may be approved for the following:

- I. Individual is 12 years of age or older; **AND**
- II. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to:

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	X	X	X	X	X

- A. One generic immediate release minocycline agent; AND
- B. One generic immediate-release doxycycline agent;

**OR**

- III. Individual has an intolerance or contraindication to either generic immediate release minocycline or doxycycline AND has had a prior trial and inadequate response to oral tetracycline in its place

Requests for a brand extended-release minocycline agent [Minolira, Solodyn, Ximino] may be approved for the following:

- I. Individual is 12 years of age or older;

**AND**

- II. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to all of the following:
  - A. One generic immediate release minocycline agent; **AND**
  - B. One generic immediate-release doxycycline agent; **AND**
  - C. One generic extended-release minocycline agent;

**OR**

- III. Individual has an intolerance or contraindication to generic immediate or extended-release minocycline or generic immediate release doxycycline AND has had a prior trial and inadequate response to oral tetracycline in its place.

**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed April 21, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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